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AUTHOR Tate, Nellie P.
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ABSTRACT

Widowhood may pose a threat to the adjustment and life satisfaction of older women. In order to examine the relationship between life satisfaction of elderly widowed black women and their involvement in formal and informal support systems, 65 women ranging in age from 64 to 92, were asked 326 questions by trained black interviewers. Interviewers also prepared an extensive narrative report on each interviewee. Subjects were selected from the Philadelphia site of a national survey previously conducted by the Hebrew Rehabilitation Center for the Aged, funded by the Administration on Aging, and entitled "A Study of the Informal Support Networks of the Needy Elderly." A series of scales was used for instrumentation, including the CARES Future Scale, the Zung Agitation Scale, and the Rosow Functional Health, CARES Loneliness, and Goldfarb Mental Health Status Scales. Examination of the data on the widows' ages, occupations, education, income, children, years widowed, health status, and social networks, showed that income, attitude toward present living situation, perceived health status, and presence of a confidante were the best predictors of life satisfaction in this group. Interaction with children had a limited relationship to life satisfaction. Future research should be aimed at clarification of the concept of life satisfaction, which was difficult to define and operationalize. (BH)

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Social Interaction Patterns and Life Satisfaction of a Group of Elderly Widowed Blacks

Nellie P. Tate, Ph.D.
The University of Tennessee
School of Social Work
847 Monroe
Memphis, TN 38163

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Social Interaction Patterns and Life Satisfaction of a Group of Elderly Widowed Blacks

Introduction

Widowhood, or the loss of a spouse, represents a major status and role change. While it occurs in all age groups, its likelihood increases for persons aged 65 years and older. And, because of the greater life expectancy of women, the chances of widowhood for women is greater than it is for men.

Of the noninstitutionalized elderly, widows represented over 30 percent of all persons 65 years old and older and over one-half, of all elderly females in 1980 (Traeuber, 1983). Widows represented over 50 percent of the approximately 2.1 million older Blacks in this country. Compared to Black males and Whites of both sexes, they are slightly less educated and poorer. In illustration, in 1981, older Black women had median incomes of $3500 compared to $8600 for White men and $4900 for White women and Black men.

Spousal loss, anticipated and unanticipated, is a traumatic event that has sociopsychological as well as economic consequences. From a sociopsychological perspective, widowhood has been viewed as a deviant state in young adulthood, but the norm in old age (Blau, 1956). It has been described as less stigmatizing for women than is retirement for men (Lopata, 1971). Indeed, early gerontological research suggested that widowhood aids one's adjustment to old age (Cumming and Henry, 1961). Regardless of one's point of view, widowhood poses a serious threat to the adjustment and life satisfaction of the older female.

How the widow adjusts to spousal loss is dependent upon a number of personal and social factors. These include the widow's age at the time of the loss, her health, knowledge and skills she possesses, socioeconomic status, and degree of involvement in informal social systems (Lopata, 1971). In terms of age, Heyman and Gianturco (1973) found that the older female adjusted to widowhood with fewer social and psychological problems than the younger female. This suggests that women of advanced age have experienced many losses of family members and friends; hence, they are prepared to accept the death of the spouse.

Other researchers (See for example Atchley, 1975, and Harvey and Bahr, 1974) report on the overriding significance of income and its relationship to adjustment and morale in widowhood. They found that low income restricted the social participation of widows, thereby increasing their social isolation and loneliness. In another vein, Arling (1976) found that friendship and neighboring were satisfying to the elderly widow. This finding was attributed to the notion that these relationships were based on a commonality of interests and lifestyles as well as the fact that poverty may exacerbate family bonds (pp. 726-766).

Thus, this study was designed to examine the relationship between life satisfaction of elderly widowed Blacks and their involvement in formal and informal support systems. The consideration of the association of interaction with formal and informal support systems and life satisfaction was examined within the context of theoretical developments in aging. While there has been a continuing debate around the question of the perspective that adequently explains successful aging (Viz. Activity theory vs. disengagement theory), this study assumed that interaction with informal and

formal support systems provides the elderly widow with opportunities for continued social relationships, thereby increasing her chances of experiencing and expressing satisfaction with life.

Methods and Procedures

Introduction. Data for this suudy were exaracted from a larger research project and national survey encitled, "A Study of the Informal Support Networks of the Needy Elderly," conducted by the Department of Social Gerontological Research, Hebrew Rehabilitation Center for Aged, (Roslindale, Ma.) and was funded by the Administration on Aging. The parent study was designed to elicit data about the informal networks of a group of vulnerable elderly. The vulnerable elderly were defined as those persons who were at least 62 years of age, who had low incomes, who lived alone in the community, and who were at high risk for institutionalization. Also included were those older persons who were living with one adult child who was full-time employed, who lived with a roomer who did not participate as a helper, who was living with a relative who was not predictably present on a regular basis, and who was living in another household during a recuperative period with the intention of returning to a separate household. The elderly falling into either of these categories were included as though they were living alone.

The Variables. The dependent variable was life satisfaction or the extent to which the widow is pleased with her present circumstances. While life satisfaction is a subjective psychological state which reflects an aggregate of one's p rception of self and one's present circumstances, it is a measure of adjustment to aging. Life satisfaction, a multidimensional concept, was operationalized through use of the Philadelphia Geriatric

Center Attitude Toward Aging Scale (Lawton, 1972), the CARES Future Scale (Gurland, Bennett, Wilder, and Subin, 1970), and the Zung Agitation Scale (Zung, 1965). These scales were previously standardized and checked for their applicability to this kind of sample.

Social interaction was the independent variable in this study. Social interaction was defined as the extent to which the widows were involved in formal or informal activities either in-or outside the home. Studies have shown that the relationship between life satisfaction and social interaction is mediated by a number of variables. Among these are socioeconomic status, age, number of children, number of years widowed, and self perceptions related to health and living environment. These variables were grouped into three domains: the demographic; attitudinal: and the interactional.

The Subjects. The subjects were selected from the Philadelphia site of the National study. This was a purposive sample as the objectives of the parent study required a special group, the vulnerable elderly. Referrals were solicited from local community agencies serving the elderly. A total of eight Senior Centers and one Congregate housing development without on-site services were tapped. All of the referrals from the housing development met the criteria and were interviewed. Of the referrals received from the Senior Centers, a number refused to be participants. Most of the refusals were those incapable of participating in an interview. Of the total number of Blacks interviewed, 65 were widows and were included in this study.

Instrumentation. The insturmentation consisted largely of a series of summated Likert-Type and Guttman scales within the areas specified. In

addition to the scales previously noted, others included the Rosow Functional Health, Katz Activities of Daily Living, HRCA Instrumental Activity and Support Inventory, and the CARES Loneliness, and the Goldfarb Mental Status Scales. Other items dealing with the occurrence of critical events (medical and non-medical) over the year prior to the interview were also included but were not germane to this study.

Procedures. An intensive training program was utilized to ensure that all persons conducting interviews were operating the same. The interviews were administered over a thirteen-month period from June, 1979 through July, 1930, by trained, Black interviewers. The respondents' interview schedule contained 326 items. In addition to the structured interview, an extensive narrative report was prepared in order to capture nuances that were not obtainable through the use of the pre-coded questionnaire.

The Findings

Demographics: Age, Education, Occupation and Income. The 65 vulnerable elderly widows ranged from 64 to 92 years of age. The mean age was 78.04 years while the median age was 76.8. This was almost eight years older than the median age of all older persons in 1977 (Fowles, 1977: 3), and almost nine years older than the median age of the 215 Black widows in Lopata's (1972) study of widowhood and support systems in Chicago. Roughly two-thirds of the sample was 75 years of age and older.

Almost 18% of this group of widows completed high school, almost four percent points higher than the national average for all black females 65 and over. Moreover, more than 52% attended school beyond the sixth grade. This was a remarkable achievement considering the fact that over 29 percent of these widows were born prior to the turn of the century.

In terms of occupations, slightly more than 46 percent of the group were employed in professional, managerial, skilled or semiskilled positions. The remainder were either unskilled workers (44 percent) or never worked (9.2 percent). The sufficiency of their incomes as well as the sources of their income reflect the widows, educational and occupational achievements. In illustration, over 92 percent felt that they had enough income. Moreover, about 34 percent of this group of widows received other pensions (other than Social Security) and other financial assistance.

Children, Relatives, Years Widowed. More than 44 percent of these widows had no living children. While the items on the questionnaire did not ask if these women ever had children, so high a percentage without living children exceeds most data elicited from older women in other studies (See for example Jackson, 1972 and Lopata, 1971). Over 55 percent of the women had at least one living child. One had seven living children. Over 52 percent of the sample had grandchildren and other relatives living in the area.

The sample divided itself almost evenly between those who had been widowed less than 20 years and those widowed 21-54 years. Of those who were recently widowed, one had lost her husband approximately two and one-half months prior to the interview.

Health Status. These widows suffered from a number of chronic conditions such as arthritis, hypertension, diabetes, renal disease, heart disease and so on. This notwithstanding, almost 47 percent perceived their health as excellent or good while 29 percent felt their health was fair and less than 25 percent felt their health was poor.

Although these women were in poor health and fragile, their mental and

emotional states did not reflect any serious impairment. For example, over 92 percent scored high on Goldfarb Mental Status questions. Moreover, the scores on items from the Zung Agitation and CARES Modified Future Scales tend to suggest that the majority were in good health pschologically.

The Informal and Formal Networks. The data reported here were derived from items regarding the numbers of kin and nonkin in the area and social participation patterns in both formal and informal settings. In this sample, twice as many reported that they had no relatives living in the area as did those who reported that they had no friends in the area, 40 percent and 20 percent respectively. In terms of interaction with relatives in the month before the interview, all but one of the thirty widows who had children living in the area saw at least one child while all but two of the widows reporting having grandchildren saw at least one of them. In terms of other relatives, over half of them with siblings living in the area saw them.

Almost two-thirds of the sample reported contact with friends while about 90 percent reported contact with neighbors. While the telephone provides a means for assuring continuity of relationships, these widows reported fewer telephone contacts than face-to-face interaction. For example, phone contacts ranged from a low of nine percent of the subjects with their children to a high of over 55 percent with their friends. A total of eight of the women reported no social contacts at all during the month prior to the interview.

Although the presence of neighbors, friends, and relatives represent potential sources of interaction for the elderly, formal organizations such as churches, Senior Centers, and clubs also represent sources of social

participation for the elderly. In this sample, more were involved in church-related activities than were involved in other forms of formally organized activities. Only 12 percent were engaged in club activities and about 34 percent were engaged in Senior Center activities. In terms of more informal activities such as visiting, shopping and sitting and talking, about 45 percent were engaged in those activities. Thus, on the whole, at least 29 of these women reported involvement in formal and informal activities.

A 16-item scale which summarized the activity levels in terms of high medium, and low-interaction yielded interesting results. Only 28 percent of the sample was highly involved in leisurely pursuits whether with friends, kin, or neighbors. The vast majority, 72 percent were minimally involved in both informal and formal systems.

Social Interaction and Life Satisfaction. It was anticipated that those widows with high levels of interaction, particularly with children, and who obtained support from informal systems would be more satisfied with their lives. In the correlational and multiple regression analyses, there was no significant association found between interaction with children and life satisfaction. Moderate, but significant associations were found between interaction with social workers and involvement in activities at Senior Centers. In the case of the Senior Center, the association was negative which suggests that the more the widow participated in Senior Center activities, the lower the level of life satisfaction.

While interaction with friends showed a moderate positive association with life satisfaction, it was not significant. Likewise, small but insignificant associations were found between interaction with relatives and life satisfaction. From these findings, anticipated results were not totally disavowed.

Finally, in an effort to determine the best predictor variable(s) of life satisfaction, a hierarchical, step-wise multiple regression analysis was done using each of the dependent variables and the three independent varible domains: the demographic, attitudinal, and interactional. The best predictor variables appear to be income, attitude toward present living situation, perceived health status, and the presence of a confidante. Although none of these findings were definitive, they appear to support some of the underlying assumptions of the research questions.

Discussion. It must be noted at the outset that it is not easy in the form of a survey questionnaire to ask adults about delicate, personal matters related to their egos, self-esteem, conflicts, and self-protective defenses. Given the complexity delicacy, and inescapability of personal conflicts, it follows that attempts to study life satisfaction is a diffcult task, made more complicated by the presence or absence of an adequate instrument to measure the concept, and a sample by nature that is inherently homogeneous. Thus, interpretations that follow should be viewed with these limitations in mind.

In this sample, income emerged as important to the emotional well-being of these widows. This parallels findings in previous studies (Harvey and Bahr, 1974; Chatfield, 1977 and Morgan, 1976). Adequare income provides the widow with the necessary monetary resources not only to meet expenses, but also to engage in other psychologically rewarding pursuits. These abilities mitigate the feelings of frustration and helplessness that a lack of funds can create. In addition, income can be viewed as a surrogate variable as it reflects one's education, life experience, sense of independence, and a basic understanding of the market economy from the paying of rent to the payment of medical bills.

Perceived health status, another important variable, can be viewed as a facet of one's self-conception. In a related study, Phillips (1957) found that individuals who viewed themselves as old were more poorly adjusted to role changes such as widowhood than were those who considered themselves middle-aged. In this sample, it appears that those widows who thought their health was good, seemed to be satisfied with life. Peck (1975) supports this view for it is his contention that a positive self-concept is central to the successful adaptation to the stresses of life and by implication as satisfaction with life. While these widows had a number of physical complaints, it would appear that social and mental sources of pleasure transcended physical comfort alone. In addition, it may be that these widows assessed their health in comparison to others whom they considered "worse-off" than themselves. Indeed, as Ferraro (1980) notes, old-old females tend to be more health-optimistic than other aged persons (p. 379).

The third predictor variable suggested by these findings was the importantance of the presence of a confidante. Rosenmayr and Kockeis (1963) were perhaps the earliest researchers in aging to suggest the presence of a confidante as important to life satisfaction in the elderly. The presence of a confidante suggests the kind of intimate, mutually supportive voluntary relationship that transcends family and some friend relationships. This view is supported by Creecy and Wright (1979). In a study that compared black and white elderly in terms of the relationship between morale and informal activity with friends, they found that for blacks, this relationship, though significant, was weak. In follow-up interviews with blacks, it was indicated that friendships which did not involve interpersonal intimacy and corollary role supports were not sufficient to sustain morale.

It would appear that these findings lend some support to the underlying assumptions of the research questions which were informed by the Activity Theory of Aging. However, perhaps the greatest utility of these results may be in terms of the indirect evidence they provide about the relationship, between interaction with children and the satisfaction (or lack thereof) of these widows. Although it was found that a large proportion of this sample did not have living children, the fact that adult-child and aged-parent interactions seem to be uncorrelated with measures of life satisfaction among this sample of elderly widows is of concern to those practitioners who realize the importance of family members as sources of support.

These relationships are intergenerational and kinship based. In a related study, Lee and Ihinger-Tallman (1980) found that relationships based on kinship do not affect the morale of older people, at least if frequency of interaction is used as the analytic dimension of these relationships (p. 384). The intergenerational aspect of these relationships implies notions of age and family life cycle differences while kinship implies obligations that may or may not be reciprocal. In the first instance, old parents and their children are of different generations and thus may have different attitudes and values that may be conflictual. Moreover, the children of older parents may be in a stage in the family life cycle where they have their own parental obligations and crises to resolve, thus making it difficult for them to involve themselves in a positive way with elderly parents.

In the second instance, the realistic need for instrumental support of some aged parents may be so demanding that the middle-aged son or daughter may be overwhelmed and unable to cope in a positive way. This can lead to

strained relationships between the adult child and the aged parent, especially if the parent cannot reciprocate in any way. Indeed, the quality of parent-child relationships vary by the health status and activity level of the parent, which has consequences for the general life satisfaction of both generations (Johnson and Bursk, 1977).

Conclusion

These widows were found to be embedded in a network of support and interaction that was primarily informal in nature. Income, attitude toward present living situation, perceived health status, and the presence of a confidante emerged as the best predictors of life satisfaction in this group. Interaction with children in this purposive sample is shown to have only a limited relationship to life satisfaction. Perhaps of more importance, these widows seem to be copers. That they have lived so long and are not complainers speak to their strength and drive to survive.

Finally, life satisfaction is a multidimensional, dynamic concept. It is therefore difficult to define and operationalize. It is even more difficult to assess life satisfaction in a static, cross-sectional study. Future research should be aimed at further clarification of the concept.

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